

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002430

Entity Name: GBAL- LLC

FILED
Mar 12, 2007
Secretary of State

Current Principal Place of Business:

2035 SW 25 TERRACE
MIAMI, FL 33133

New Principal Place of Business:

2035 SW 25 TERRACE
MIAMI, FL 33133 US

Current Mailing Address:

2035 SW 25 TERRACE
MIAMI, FL 33133

New Mailing Address:

2035 SW 25 TERRACE
MIAMI, FL 33133 US

FEI Number: 65-1175385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALSEIRO, GEORGE A SR
2035 SW 25 TERRACE
MIAMI
FLORIDA, FL 33133 US

Name and Address of New Registered Agent:

BALSEIRO, GEORGE A MGR
2035 SW 25 TERRACE
MIAMI
FLORIDA, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE A. BALSEIRO

03/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALSEIRO, GEORGE A SR
Address: 2035 SW 25 TERRACE
City-St-Zip: MIAMI, FL 33133

Title: MGRM (X) Delete
Name: BALSEIRO, PATRICIA J
Address: 2035 SW 25 TERRACE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALSEIRO, GEORGE A MGR
Address: 2035 SW 25 TERRACE
City-St-Zip: MIAMI, FL 33133 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE A. BALSEIRO

MGR

03/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date